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ecification, Claims rmal drawings wer of Attorney		ERTIFICATE			
rmai drawings	s and Abstract				
under 35 U.S.C. § nveying title in ins dment osure Statement, PT	tant application		ECOM, with PTO F	Form	1595.
as shown below:	EILED	NO FXTRA	RATE	AM	OUNT
9	MINUS 20	0	x \$18 =	\$	0
1	MINUS 3	0	x \$ 86 =	\$	0
Independent Claims 1 MINUS 3 0 X \$ 00 1 MINUS 3 1					
Basic Fee					
mall entity status. S	See 37 CFR 1.2	7. The fees indicated		\$	
Total of above calculations					770.00
					40.00
TOTAL FEE (credit card authorization)					810.00
	dment osure Statement, PT os sestcard as shown below: NO. 9 1 If m mall entity status. Septiments of the statement of the section of the statement of the stat	dment osure Statement, PTO-1449 and Ress steard as shown below: NO. FILED 9 MINUS 20 1 MINUS 3 1 multiple dependent 1 multiple dependent 1 multiple dependent 2 mall entity status. See 37 CFR 1.2 2 mecording Fee	diment osure Statement, PTO-1449 and Reference(s) as setcard as shown below: NO. FILED NO. EXTRA 9 MINUS 20 0	diment osure Statement, PTO-1449 and Reference(s) as statement, PTO-1449 and Reference(s) as statement, PTO-1449 and Reference(s) as shown below: NO. FILED NO. EXTRA RATE 9 MINUS 20 0 x \$18 =	I as shown below: NO. FILED NO. EXTRA PRATE NO. FILED NO. EXTRA NO. FILED NO. EXTRA NO. FILED NO. EXTRA NO. FILED NO. EXTRA NO. EXTRA NO. FILED NO. EXTRA NO. EXT

Allan M. Lowe Registration No. 19,641

1700 Diagonal Road Suite 300, Alexandria, Virginia 22314 (703) 684-1111 (703) 518-5499 Facsimile Date: October 16, 2003 AML:SSW